

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2004 OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan

NAIC Group Code	0000 rrent Period)	0000	NAIC Company Code	95453	Employer's ID Number	38-2396958
Organized under the Laws	,	(Prior Period) Michigan	n State	of Domicile o	r Port of Entry	Michigan
Country of Domicile		whorngal		es of America	TOTAL OF LINEY	orngun
	Life Assis	dont 9 Llocatto []			Carriag Carneration []	
Licensed as business type:	*	dent & Health []	Property/Casualty [_	Service Corporation []	V 1
		rvice Corporation [Maintenance Organization [-
	Hospital,	Medical & Dental Se	ervice or Indemnity []	Is HM	O, Federally Qualified? Yes [X]No[]
Incorporated	12	/03/1981	Commenced Bus	iness _	02/05/198	2
Statutory Home Office		829 Forest Hil	lls Ave SE		Grand Rapids, MI 499	546
,		(Street and N		. '	(City or Town, State and Zip C	
Main Administrative Office			829	Forest Hills A	ve	
Gra	nd Rapids, M	11 49546	3)	Street and Number)	616-949-2410-119	
	or Town, State an			(A	Area Code) (Telephone Number)	
Mail Address		Forest Hills Ave SE			Grand Rapids, MI 49546	
Driver of Dealer	,	t and Number or P.O. Box))	000 F	(City or Town, State and Zip Code)	
Primary Location of Books	and Records				est Hills Ave and Number)	
	nd Rapids, M				616-949-2410-116	
	or Town, State an	u ∠ıp ∪oae)		•	Area Code) (Telephone Number)	
Internet Website Address		DODEDTA () "		vhp.com	040.040.044	
Statutory Statement Contac		ROBERTA LYNI (Name)			616-949-2410-116 (Area Code) (Telephone Number) (Ex	tension)
<u>f</u>	ehrler@gvhp (E-mail Addre	.com ` ´			616-949-9948 (FAX Number)	
	·	55)			,	
Policyowner Relations Con	tact	(Street or	829 F	orest Hills Ave	e SE	
	ınd Rapids, M	11 49546			616-949-2410	
(City o	or Town, State an	d Zip Code)		(Area C	ode) (Telephone Number) (Extension)	
			OFFICERS			
Name		Title	OI I IOLNO	Name		Title
Roland Palmer		Preside		Thomas School	uten , S	Secretary
Craig Thompson		Treasure		0000	,	0
			OTHER OFFICE	KS		
		DIR	ECTORS OR TRU	ISTEES		
Roland E Palmer		Thomas W So	chouten	James T Kerk		lle I Grimm
Margaret Sudekum Kathy L Lentz	<u> </u>	Pamela L S Craig D Thor		John B Mille	r Herb	pert A Start
- Ratify E Left(2		Oralg D Tho	прэон			
State of	Michigan		SS .			
County of	Kent					
above, all of the herein describe this statement, together with rel of the condition and affairs of the completed in accordance with that state rules or regulations re respectively. Furthermore, the s	ed assets were atted exhibits, so the said reporting NAIC Annual equire difference scope of this at	the absolute property of schedules and explanat ing entity as of the repoil all Statement Instructional es in reporting not relate testation by the describ	of the said reporting entity, free ions therein contained, annexer triing period stated above, and c is and Accounting Practices and ted to accounting practices and ted officers also includes the re	and clear from a d or referred to is of its income and Procedures man procedures, accordated correspond	aid reporting entity, and that on the ray liens or claims thereon, except a full and true statement of all the deductions therefrom for the perioual except to the extent that: (1) sording to the best of their informating electronic filing with the NAIC, ay be requested by various regulat	as herein stated, and that assets and liabilities and od ended, and have beer state law may differ; or, (2 on, knowledge and belief when required, that is ar
			T		_	
Roland P	aimer		Thomas Schouten		Craig Tho	mpson
Presid	ent		Sectary		Treasu	ırer
					his an original filing?	Yes [X] No []
Subscribed and sworn to 15 day of		s 2005		b. If n	o, State the amendment number	
uay of	<u> </u>				Date filed	03/15/2005
				3 N	lumber of pages attached	
Ruth Klinger Notary Public 05/08/2005				3.1.		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

EXHIBIT E AGGI		•		_	_	_
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	ნ Nonadmitted	/ Admitted
199999 Total individuals	·	-				
Group subscribers:						
•		235 , 168	25,701	0	0	510,446
0299997 Group subscriber subtotal		235 , 168	25,701	0	0	510,446
0299998 Premiums due and unpaid not individually listed	0	,	, ,			· · · · · · · · · · · · · · · · · · ·
0299999 Total group	249,577	235 , 168	25,701	0	0	510,446
0399999 Premiums due and unpaid from Medicare entities	,					,
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 12)	249,577	235,168	25,701	0	0	510,446

EXHIBIT 3 - HEALTH CARE RECEIVABLES

LAIIIBH 3-II	LALIII VAI		DLLO			
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Individually Listed Receivables:	37 , 366	2,989	4,631	40,359	40,359	44 986
0699999 -		2,989	4,631			
0799999 Gross health care receivables	37,366	2,989	4,631	40,359	40,359	44,986

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

1	2	3	4	2	9	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
01999999 Individually listed claims unpaid	O	0	0	0	0	0
0299999 Aggregatě accounts not individually listed-uncovered.	243, 160	128,891	54,218	29,249	249,518	705,036
0399999 Aggregate accounts not individually listed-covered	1,408,819	408,898	161,327	105,976	35,095	2,120,115
0499999 Subtotals	1,651,979	537,789	215,545	135,225	284,613	2,825,151
0599999 Unreported claims and other claim reserves						0
0699999 Total amounts withheld						1,154,232
0799999 Total claims unpaid						3,979,383
0899999 Accrued medical incentive pool and bonus amounts						0

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	2	1	5	6	Adm	itted
'	_	3	4	3	0	Auiii 7	o
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonaumilleu	Current	Non-Current
Individually Listed Receivables:							
							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables	124,277	91,821	629,513			845,610	
0399999 Total gross amounts receivable	124,277	91,821	629,513	0	0	845,610	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
	NONE			
0100000 Individually listed navables		Λ	Λ	Λ
0199999 Individually listed payables 0299999 Payables not individually listed 0399999 Total gross payables			υ	
0230000 Total green parables		٨	Λ	0
nosasasa Torar Arose hayanies		0	U	U

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	•	107 10 11011		<u> </u>		
Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	260,923	0.7	218,178	1,215.7		260,923
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
Total capitation payments		0.7	218,178	1,215.7	0	260,923
Other Payments:	·		·	•		·
5. Fee-for-service	4,026,591	10 . 1	XXX	XXX		4,026,591
Contractual fee payments	18,015,067	45.2	XXX	XXX		18,015,067
Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		· · · · · · · · · · · · · · · · · · ·
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	17,556,938	44.0	XXX	XXX		17 , 556 , 938
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	39,598,596	99.3	XXX	XXX	0	39,598,596
13. TOTAL (Line 4 plus Line 12)	39,859,519	100 %	XXX	XXX	0	39,859,519

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 1-1 AIXT 2-00 MINARY OF TRANSACTIONS V	<u> </u>			
1	2	3	4 Average Monthly Capitation	5 Intermedian/s	6 Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Conitation	Intermediary's Total Adjusted Capital	Control Lovel DDC
NAIC Code	Name of intermedial y	Capitation Faiu	Capitation	Total Aujusteu Capital	Control Level RBC
9999999 Totals		0	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	1,319,191		1,281,024	38 , 167	17 , 175	20,992
Medical furniture, equipment and fixtures	1,435,972		1,273,826	162 , 146	72,965	89 , 181
Pharmaceuticals and surgical supplies	400 ,879			400 ,879		400 , 879
4. Durable medical equipment						
5. Other property and equipment						
6. Total	3,156,042	0	2,554,850	601,192	90,140	511,052



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan

NAIC Group Code 0000 BUSINESS IN THE STATE O	E Michigan				DURING THE YE	VB 2004				(LOCA	TION) NAIC Compai	av Codo	95453
NAIC GIOUP GOLE 0000 BOOINESS IN THE STATE O		Compre						_					
	1	(Hospital 8	& Medical) 3	4	5	6	7	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	18,597	209	16,727				1,661						
2 First Quarter	18,363	212	16,303				1,848						
3 Second Quarter	18,240	218	16,212				1,810						
4. Third Quarter	18,051	226	16,036				1,789						
5. Current Year	17,946	229	15,924				1,793						
6 Current Year Member Months	218,178	2,665	193,064				22,449						
Total Member Ambulatory Encounters for Year:													
7. Physician	17 , 129	236	14,775				2,118						
8. Non-Physician	68,989	949	59,510				8,530						
9. Total	86,118	1,185	74,285	0	0	0	10,648	0	0	0	0	0	(
10. Hospital Patient Days Incurred	3,772	52	3,254				466						
11. Number of Inpatient Admissions	967	13	834				120						
12. Health Premiums Written	45,025,240	623 , 171	38,802,323				5,599,746						
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	45,025,240	623 , 171	38,802,323				5 , 599 , 746						
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	39,859,519	548,466	34,382,599				4,928,454						
18. Amount Incurred for Provision of Health Care Services	40,395,684	555,844	34,845,092				4,994,748						

(a) For health business: number of persons insured under PPO managed care products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan

2. ____

NAIC Group Code 0000 BUSINESS IN THE STATE OF 0	Consolidated			1	DURING THE YE	AR 2004				(LOCA)	ΓΙΟΝ) NAIC Compar	ny Code	95453
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	18,597	209	16,727	0	0	0	1,661	0	0	0	0	0	(
2 First Quarter	18,363	212	16,303	0	0	0	1,848	0	0	0	0	0	
3 Second Quarter	18,240	218	16,212	0	0	0	1,810	0	0	0	0	0	
4. Third Quarter	18,051	226	16,036	0	0	0	1,789	0	0	0	0	0	(
5. Current Year	17,946	229	15,924	0	0	0	1,793	0	0	0	0	0	C
6 Current Year Member Months	218,178	2,665	193,064	0	0	0	22,449	0	0	0	0	0	(
Total Member Ambulatory Encounters for Year:													
7. Physician	17 , 129	236	14,775	0	0	0	2,118	0	0	0	0	0	C
8. Non-Physician	68,989	949	59,510	0	0	0	8,530	0	0	0	0	0	(
9. Total	86,118	1,185	74,285	0	0	0	10,648	0	0	0	0	0	(
10. Hospital Patient Days Incurred	3,772	52	3,254	0	0	0	466	0	0	0	0	0	(
11. Number of Inpatient Admissions	967	13	834	0	0	0	120	0	0	0	0	0	(
12. Health Premiums Written	45,025,240	623 , 171	38,802,323	0	0	0	5,599,746	0	0	0	0	0	(
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	(
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	(
15. Health Premiums Earned	45,025,240	623 , 171	38,802,323	0	0	0	5 , 599 , 746	0	0	0	0	0	(
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	(
17. Amount Paid for Provision of Health Care Services	39,859,519	548,466	34,382,599	0	0	0	4,928,454	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	40,395,684	555,844	34,845,092	0	0	0	4,994,748	0	0	0	0	0	(

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons under indemnity only products _____0

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement).	1,317,872
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	, ,
_	2.2 Totals, Part 3, Column 7	
	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	
4.	Cost of additions and permanent improvements:	0
	4.1 Totals, Part 1, Column 14	_
5	Total profit (loss) on sales, Part 3, Column 14	
	Increase (decrease) by foreign exchange adjustment:	
٠.	6.1 Totals, Part 1, Column 12	0
	6.2 Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	
8.	Book/adjusted carrying value at end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	1,296,093
11.	Total nonadmitted amounts	82,892
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	1,213,201
4	SCHEDULE B - VERIFICATION BETWEEN YEARS	^
	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	0
2.	Amount loaned during year:	
	2.1 Actual cost at time of acquisitions	0
2	2.2 Additional investment made after acquisitions Accrual of discount and mortgage interest points and commitment fees	
3. 4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
	Amortization of premium	
	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	0
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	
	SCHEDULE BA - VERIFICATION BETWEEN YEARS	
	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	762,387
2.	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions	_
_	2.2 Additional investment made after acquisitions	
	Accrual of discount	
4.	Increase (decrease) by adjustment	, , ,
5. 6.	Total profit (loss) on sale	
	Amounts paid on account or in full during the year	
	Increase (decrease) by foreign exchange adjustment	
	Book/adjusted carrying value of long-term invested assets at end of current period	
	Total valuation allowance	
	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
12	Statement value of long term invested assets at end of current period (Page 2. Line 7. Column 2)	758 640

13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)......

.....758,649

Schedule D - Part 1A - Section 1 NONE

Schedule D - Part 1A - Section 2

NONE

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

Verification of SHORT-TERM INVESTMENTS Between Years												
	1	2	3	4	5							
				Other Short-term	Investments in Parent,							
	Total	Bonds	Mortgage Loans	Investment Assets(a)	Subsidiaries and Affiliates							
Book/adjusted carrying value, prior year	1,028,940	0	0	1,028,940	0							
Cost of short-term investments acquired	0											
Increase (decrease) by adjustment	14,193			14 , 193								
Increase (decrease) by foreign exchange adjustment	0											
Total profit (loss) on disposal of short-term investments	0											
6. Consideration received on disposal of short-term investments	0											
		***************************************	***************************************	***************************************								
7. Book/adjusted carrying value, current year	1,043,133	0	0	1,043,133	0							
8. Total valuation allowance	0											
9. Subtotal (Lines 7 plus 8)	1,043,133	0	0	1,043,133	0							
10. Total nonadmitted amounts	0											
11. Statement value (Lines 9 minus 10)	1.043.133	0	0	1.043.133	0							
	0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
12. Income collected during year	. 0											
13. Income earned during year	0											

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

		urance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year 3 4 5 6						
1	2	3	4	5	6	7		
NAIC Company	Federal ID							
Code	Number	Effective Date	Name of Company	Location	Paid Lossos	Unpaid Losses		
0199999 - Life	Number and Annuity Aff	iliates	Name of Company	Location	Paid Losses	Oripaid Losses		
U3000000 - 10ta	alc - lita and An	nuitv			0			
2667	95-2371728	07/01/2003	Ace American Insurance.	PA	563,316			
0599999 - Acci	dent and Health	- Non-Affiliates			563,316			
0699999 - Tota	als - Accident an	d Health			563,316			
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	tals			-	563,316			

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year												
1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
NAIC								Reserve Credit	10	11	Modified	1
Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
22667	95-2371728	07/01/2003		PA	SŠĹ/L	685,167						
0199999	- Total Affiliate	3				685,167						
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0399999	99999 Totals					685,167						1

SCHEDULE S - PART 4

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company	Federal ID	Effective		Reserve Credit	Paid and Unpaid Losses Recoverable		Total			Funds Deposited by and Withheld from		Miscellaneous	Sum of Cols. 9+10+11+12+13 Bu Not in Excess of
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Other Debits	Cols. (5+6+7)	Letters of Credit	Trust Agreements	Reinsurers	Other	Balances (Credit)	Col. 8
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Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

(000 Offitted)												
		1 2004	2 2003	3 2002	4 2001	5 2000						
Α. (OPERATIONS ITEMS											
1.	Premiums	685	410	333	306	322						
2.	Title XVIII-Medicare	0	0	0	0	0						
3.	Title XIX-Medicaid	0	0	0	0	0						
4.	Commissions and reinsurance expense allowance		0	0	0	0						
5.	Total hospital and medical expenses		39,389	36 , 194	34,393	30,200						
В. І	BALANCE SHEET ITEMS											
6.	Premiums receivable	510	262	988	800	598						
7.	Claims payable	39,792	3,878	3,478	4,114	0						
8.	Reinsurance recoverable on paid losses	563	587	525	108	0						
9.	Experience rating refunds due or unpaid		0	0	0	0						
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0						
11.	Unauthorized reinsurance offset	0	0	0	0	0						
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)											
12.	Funds deposited by and withheld from (F)	0	0	0	0	0						
13.	Letters of credit (L)	0	0	0	0	0						
14.	Trust agreements (T)	0	0	0	0	0						
15.	Other (O)	0	0	0	0	0						

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sheet to Identify Net C	1 1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	8,114,984		8,114,984
2.	Accident and health premiums due and unpaid (Line 12)	510,446		510,446
3.	Amounts recoverable from reinsurers (Line 13.1)	563,316		563,316
4.	Net credit for ceded reinsurance	xxx	563,316	563,316
5.	All other admitted assets (Balance)	1,694,727		1,694,727
6.	Total assets (Line 26)	10,883,473	563,316	11,446,789
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	3,979,382	0	3,979,382
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	725,843		725,843
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	1,356,063		1,356,063
12.	Total liabilities (Line 22)	6,061,288	0	6,061,288
13.	Total capital and surplus (Line 30)	4,822,184	XXX	4,822,184
14.	Total liabilities, capital and surplus (Line 31)	10,883,472	0	10,883,472
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	563,316		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	563,316		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25.	Total net credit for ceded reinsurance	563,316		

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SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

PART 2 - SUMMART OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES												
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
					Purchases, Sales or							
					Exchanges of	Incurred in						Reinsurance
					Loans, Securities,	Connection with		Income/		Any Other Material Activity Not in the		Recoverable/
					Real	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on Losse
NAIC					Estate, Mortgage	Undertakings for the	Managamant	Incurred Under		Ordinary Course of		and/or Reserve
	E-dUD		Ob seek aldes	0	Estate, Mortgage	Description of the	Management			Ordinary Course of the Insurer's		Credit
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the insurer's		
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	. 38-3265342	Grand Valley Health Corporation					824,304			•	824,304	
	. 38-3247943	Grand Valley Health Management					(8,040)			•	(8,040)	
	38-3247950	Grand Valley Health Facilities					2.005.548				2,005,548	
95453	38-2396958	Grand Valley Health Plan					(3,805,977)		I		(3,805,977)	
00100	38-3247943 38-3247950 38-2396958 38-3668000	Grand Valley Health Management. Grand Valley Health Management. Grand Valley Health Facilities. Grand Valley Health Plan Grand Valley Technical Services					984 , 165				984 , 165	
	30-3000000	orana variey recinifical dervices					904, 103					
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9999999 C	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

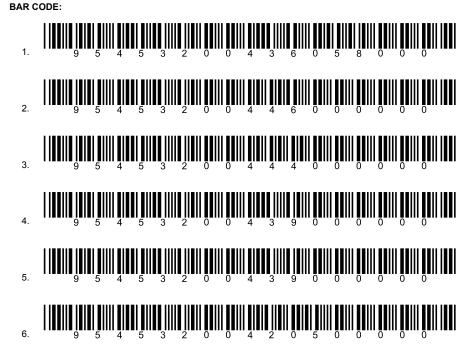
1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES	[]	NO [X]						
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES	[]	NO [X]						
3.	Will an actuarial certification be filed by March 1?	YES	[]	NO [X]						
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES	[]	NO [X]						
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES	[]	NO [X]						
6.	Will the Life Supplement be filed the state of domicile and the NAIC by March 1?	YES	[]	NO [X]						
7.	Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?	YES	[]	NO [X]						
	APRIL FILING										
8.	Will Management's Discussion and Analysis be filed by April 1?	YES	[X]	NO []						
9.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	YES	[]	NO [X]						
10.	Will the Investment Risks Interrogatories be filed by April 1?	YES	[]	NO [X]						
JUNE FILING											
11.	Will an audited financial report be filed by June 1 with the state of domicile?	YES	[X]	NO []						
EXPL	ANATIONS:										
1.											
2.											
3.											

4.

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OVERFLOW PAGE FOR WRITE-INS